

Joyeux Homes Limited

# Sterling Support Services

## Inspection report

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Essex  
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Tel: 07963684169

Date of inspection visit:  
30 July 2019

Date of publication:  
03 September 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Sterling Support Services is a domiciliary care agency that was providing personal care to a limited number of people at the time of the inspection.

People's experience of using this service and what we found

Recruitment practices were not robust and did not ensure people were kept safe. Risks to people were not always properly recorded and measures were not in place to keep people safe. At the time of our inspection, people did not require support with medicines, however the service did not record the administration of medicines properly for people who formerly used the service that required support. The service had not completed any audits on medicine administration. Effective systems were not in place to learn from lessons following incidents.

There were systems and processes in place to safeguard people from harm and abuse. There were enough staff to provide care. People were protected from infection through infection prevention measures.

People's needs were assessed before they began using the service, but their preferences were not recorded. People were supported to eat and drink but their preferences around diet and recording of specific dietary needs were not recorded. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems at the service did not support this practice. Staff received inductions and training in their roles. Staff also received supervisions. Staff worked with other agencies, including healthcare professionals, to the benefit of people's care. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; people's care plans did not indicate their preferences and therefore were not person centred. There appeared to be little input from people into their care plan completion.

Relatives told us people were treated well by staff. The service was inclusive and promoted people's human rights. Relatives told us they had input into people's care and treatment though documents were not always signed. We have made a recommendation about this. Relatives told us people's privacy and dignity were respected, and their independence promoted.

Care plans provided guidance for staff on how to best work with people but did not record people's preferences. Records indicated that people were supported to complete activities they enjoyed. The service had not recorded or identified the best methods in which to communicate with people in a personalised way. Relatives told us they knew how to make complaints but had not needed to do so. The service was not supporting people with end of life care.

Relatives and staff spoke highly of the registered manager. The service completed quality assurance processes in the hope of providing continuous improvement to people's care and ensuring their safety, though this had not identified the shortfalls we found at the inspection. Relatives and staff were able to give

feedback to the provider through meetings. There were plans to implement people, relatives and staff surveys to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 August 2016 and this was the first inspection.

#### Why we inspected

This was a planned inspection that was part of our inspection schedule.

#### Enforcement

We have identified breaches in relation to fit and proper persons being employed, person-centred care and consent to treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was no always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sterling Support Services

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

There was one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 30 July 2019. We went to see the manager there, and to review care records and policies and procedures.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included two people's care records, one currently using the service and one no longer using it, and their medicines records. We looked at two staff files in relation to recruitment and staff supervision in addition to a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We spoke with one relative of a person who used the service about their experience of the care provided. We spoke with two members of staff. We received supporting evidence from the registered manager highlighting positive changes they had made to the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service did not have robust staff recruitment practices to ensure people received safe care.
- We looked at all the staff files and saw the provider had not completed the correct pre-employment checks to ensure staff were safe to work with people. Application forms did not contain full employment histories. This meant that the provider had not assured themselves with regards to employee's experience and suitability for their roles.
- Staff did not have enhanced Disclosure and Barring Service (DBS) checks. Staff working with vulnerable people in health and social care are expected to have Enhanced DBS checks. These verify criminal history and whether employees have been listed as unsuitable to work with vulnerable people. Sterling Support Services had completed standard DBS checks rather than enhanced ones. This meant that the service could have employed people who were not supposed to work with vulnerable people.
- Following our inspection, the registered manager provided us with evidence that they had sought full employment history and enhanced DBS.

The provider had failed to ensure their recruitment procedures were robust and that all staff were of good character and had the skills and experience required for their role. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw there were enough staff to manage the care needs of people and processes to ensure if staff were unable to work there were cover arrangements in place. The registered manager was in frequent contact with relatives and staff and was able to monitor staff attendance and time keeping.

### Assessing risk, safety monitoring and management

- The service completed risk assessments with people. However, these contained little information about the risks to people other than naming their health conditions. Care plans went into much more detail about people's conditions and were instructive. They contained information on how to mitigate risks to people and what to look out for to ensure people were kept safe.
- We spoke with the registered manager about the documentation in the service and they were keen to make improvements. Following the inspection provided us with an updated risk assessment that was more detailed and contained information to mitigate risk.
- People and relatives told us staff knew the potential risks to people and how to care for them. One relative said, "Oh yes, they know the risks to [person]." We confirmed that staff knew the risks to people and understood where to find information they needed about people. One staff member said, "Before we do

anything we go through the care plan. Every client is different. We understand what we are supposed to do, and we are trained to do what we're supposed to do."

#### Using medicines safely

- At the time of our inspection, the service did not support people with medicines. However, they had done so previously. We saw a Medicine Administration Record (MAR) chart for a person who had previously used the service. The MAR chart did not indicate clearly what medicines the person had taken nor when they were supposed to take it.
- Care plans or MAR charts did not contain specific information about people's medicines, for example for what conditions medicines were being prescribed. There was no information about the risks or side effects associated with people's medicines. We spoke with the registered manager about this and they were able to provide us with an updated MAR chart that they told us they would follow best practice guidance towards medicines management.
- The provider had not completed any MAR chart audits, but told us they would so in future, had they done so they may have identified the gaps we found in the MAR chart we looked at. Staff had not been competency assessed on their medicines and the registered manager told us they would do this in the future once they started supporting people with medicines to people again.

#### Learning lessons when things go wrong

- There not an effective system in place to learn from lessons following incidents.
- The service recorded incidents and accidents when they occurred. However, we saw that no actions had been recorded as taking place when these had happened. The registered manager told us this had proven difficult due to circumstances at the time. They were unable to provide us further evidence of lessons being learned when things went wrong to minimise risk of reoccurrence but said in future they would ensure that action plans following incidents and accidents were fully completed.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe receiving care from staff. One relative said, "Yes, I do [think person is safe with the carers]." Staff understood about safeguarding people. One staff member said, "Safeguarding to me is keeping [person] safe in a safe environment and keeping [person] safe from harm."
- The service had not had any safeguarding incidents. There was a safeguarding policy and procedure in place. The policy held relevant information that informed staff about their duty to protect vulnerable adults and the procedure explained what to do if they suspected abuse. This information was also available to people using the service.

#### Preventing and controlling infection

- Staff understood the risks associated with infection and wore appropriate protective clothing when providing care. One staff member said, "If there is food, make sure it's made in a hygienic environment. I use gloves as well to prevent spread of infection and discarding gloves." We saw gloves available for staff to use and saw that there was an infection control policy to support staff understanding.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed by the service, so their needs could be met. The provider then made support plans from their assessment. These assessments did not capture information regarding people's preferences and were therefore limited in scope and in turn limited people's care plans. Topics covered included medical history, personal care and mobility. This also meant we couldn't be sure if people were receiving care how they wanted to or whether the service could meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans did not provide sufficient information about people's specialised diets nor their likes or dislikes around food. For example, we saw there was explicit instruction to be mindful about providing a person a certain food group and their reactions to this. However, there was no specific information about what food to provide or to avoid. This meant there was a potential to provide food that could impact on the person's health. We spoke with staff and relatives about this and they told us that the family provided the food and staff assist with feeding.

The provider had not made every reasonable effort to record and meet people's preferences providing person centred care, with regards to their initial assessment or their food and drink. This showed a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with knew people's likes and dislikes and were able to tell us about the choices they provided people with regards to food. One staff member said, "We would offer them different choices and ask whether [person] wants pancakes or porridge, they generally want pancakes, but that's not always the healthy choice so we would encourage him to vary his options."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There was no consent to care agreements. This is a standard document in health and social care services that outline legal agreement to the care being provided. They must be signed by people or those legally permitted to make health and wellbeing decisions for them.
- We were told people did not have the capacity to make their own decisions. However, there were no MCA assessments in people's care plans to indicate their capacity. There was also no evidence that relatives had power of attorney to make decisions for people though they appeared to be making them. There was no evidence of best interest documentation, where decisions are made in people's best interest when they don't have capacity. We spoke to the registered manager about this and they told us they understood the issue and would rectify them.

This shows the service was not always providing care and support in line with the MCA. As a result, people were at risk of having decisions made without their consent and not in line with their best interests. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

- Staff had not completed specific training on mental capacity but had covered it as part of other training they had completed. However, they were aware of the MCA principles and they understood the need to ask for consent. One staff member told us they ask for consent, "All the time."

Staff support: induction, training, skills and experience

- Staff had been trained to perform their roles effectively.
- Relatives told us staff knew how to do their jobs. One relative said, "Yes [staff are suitably skilled and knowledgeable]."
- Staff received induction when they started work so that they knew what they were supposed to be doing when they began working with people. Records showed, and staff told us, the provider had a training plan in place. Staff told us they received training and support to complete nationally recognised qualifications such as the Care Certificate and vocational qualifications.
- Staff had received supervision and said they felt supported by the provider. One staff member said, "Yes, They [supervision meetings] are useful, I feel supported."

Staff working with other agencies to provide consistent, effective, timely care

- The service was relatively new and had yet to forge links with many other agencies. However, we saw evidence that the service had worked with and provided information to other health and social care services. Daily notes demonstrated staff shared relevant information with each other and recorded interaction with other agencies.

Supporting people to live healthier lives, access healthcare services and support

- Care plans recorded people's health care needs. Staff told us they would contact health care professionals to assist people if needed. The registered manager told us, "Whenever [person] has a hospital appointment we ask if there have been any changes."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were involved in making decisions about people's care. One relative said, "We met and I had input into the plan."
- Care plan reviews and spot check provided people and relatives the opportunity to express their views and be involved in making decisions about people's care. However, this involvement wasn't explicit as care plan reviews were unsigned (an indication of involvement). We spoke with the registered manager about this and they told us that moving forward they would always seek signatures to indicate people's involvement in care plan reviews.

We would recommend the service follow best practice guidance on supporting people to express their views and be involved in decision making in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One relative said, "Yes, [person] is happy to be with them and they talk to [person] and make them happy."
- Daily notes and conversations with staff indicated that people were treated with respect. People were spoken about in respectful terms and demonstrated that people were well treated. One staff member said of maintaining people's culture and diversity, "We treat everyone equally. I treat others as I would like to be treated."
- The service's policies guided staff on the importance on maintaining people's human rights and sought to embed processes and procedures that protected them.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy was respected. One relative said that, "Yes, I do [feel that staff respect my relative's privacy and dignity]." Staff confirmed this stating they gave people privacy and treated them with dignity. One staff member said, "I make sure I cover them [during personal care] and I treat them with respect."
- Staff told us they encouraged people to be independent and promote their life skills. A staff member said, "After breakfast I will ask [person] to assist me with their washing and we put clothes in the washing machine together. We will shop together, and they will put the fruit in the fruit bowl as they like that."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans recorded their needs but not their preferences. They contained detailed instructions for carers such as people's health needs and how to work with people in a way they liked.
- Care plans gave instructions for staff to assist people's needs. For example, one plan stated, 'Help with cutting up meat. In bite size. [person] can manage things like sandwiches but sometimes needs help with a hamburger.' However, whilst care plans provided general guidance for staff, they did not contain information about the conditions people had. This meant that people might receive care from staff who were unaware of, or unable to meet, their needs. Following our inspection, the registered manager sent us an updated care plan that addressed our concerns.

The provider had not made every reasonable effort to record and meet people's preferences providing person centred care, with regards to their care plans. This showed a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us people were supported to do what they wanted. One relative said, "Yes, they support [person] to do things." Staff knew the activities people liked and completed these with them. These were reflected in daily notes. One staff member said, "They like to go to the jacuzzi and shops to the park and I would give them options and I would know whether they would want to do one or the other."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had been unaware of the legal requirement to the AIS. The service had not specifically sought to record or identify methods in which to communicate with people in a personalised way. However, we saw explicit reference in people's care plans of specific signs they used and would understand.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make complaints but told us they had not had to make any. One relative said, "I hope it never comes to that! I've not had anything to complain about so far, but I would if I needed to."
- The service had a complaints policy and procedure that was cited in the service user guide with information about how to raise it with the service and then the local authority if the issue was not

addressed.

- The service had not received any complaints at the time of our inspection but were able to show us their system for following policy.

#### End of life care and support

- At the time of our inspection, people did not require support with end of life care. Some of the staff had received training on end of life care and were able to tell us people should have comfortable and pain free deaths.
- The service had a policy to follow and advanced care plans to work with should they begin working with someone who was at end of life. The registered manager was confident they would be able to meet this need should it arise.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Quality assurance systems that were in place were not effective to ensure people received high quality care and support. Audits had not identified the shortfalls we found with the documentation and recording of person-centred care; We had concerns with assessments and care plans. Whilst these issues concerned the documentation of person-centred care, staff knew what person-centred care was and feedback from relatives indicated they were achieving it. One staff member said of person-centred care, "It is tailoring the persons care plan to their individual needs and wants. It's specific to them."
- The provider had a quality assurance policy and completed a range of quality assurance measures to ensure that there was continuous learning within the service. Whilst these did not pick some of the issues we found, we saw documentation including spot checks, care plan reviews and feedback from family member, all of which the registered manager used to drive improvement. We also discussed further measures the registered manager hoped to implement, such as audits on care plans and staff files.
- The registered manager was responsive throughout our inspection and was committed to making improvements and had already started making improvements following our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and staff spoke positively about the registered manager. One relative said, "I think they are a good manager, if I have a query they deal with it quickly and efficiently." Similarly, one staff member said, "They are a lovely person, very responsible and always ready to help. They are a very good leader." From our interaction and observation with the registered manager we found them to be polite, responsive and keen to address any issues we highlighted.
- The registered manager and staff understood their roles and responsibilities. The staff team knew to bring areas of concern to the registered manager, who in turn understood that they had a responsibility to share information appropriately with the local authority and Care Quality Commission. The registered manager was keen to use the inspection as a means by which to measure the service and make improvements where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had meetings with the service and were able to make suggestions about the service. One relative said, "Yes, we have had meetings. I would talk to [registered manager] no problem. They are

approachable that's for sure." The provider also held meetings with staff where updates about people's care and wellbeing were discussed, as well as training, recruitment and policy.

- The provider showed us that they were going to introduce surveys for people, relatives and staff so they could further capture feedback and drive improvement at the service.

#### Working in partnership with others

- The service was relatively new to providing care and as such was seeking to build both their reputation and relationship with other organisations. The service was able to demonstrate professionalism in records kept of working with other services they had had to, to the benefit of people using the service.
- The registered manager was an accredited assessor and internal verifier for health and social care national vocational qualifications and championed development in their staff team and had links with learning institutions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  people's care and treatment did not always meet their needs and reflect their preferences in a person-centred way.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered person had failed to act in accordance with the Mental Capacity Act 2005 when providing care and treatment to service users who are 16 or over and unable to give consent because they lack capacity to do.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person's recruitment procedures did not ensure persons employed were of good character.